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Name of your **State** Representative:

## EXPERIENCE - Employment record

<b><u>Employer</u></b>	<b><u>FROM (mo./yr.)</u></b>	<b><u>TO (mo./yr.)</u></b>
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Address \_\_\_\_\_  
 Street City State Zip

Job Title \_\_\_\_\_ Hrs. Per Wk. \_\_\_\_\_

Supervisor \_\_\_\_\_

Name	Telephone #
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Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

<b><u>Employer</u></b>	<b><u>FROM (mo./yr.)</u></b>	<b><u>TO (mo./yr.)</u></b>
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Address \_\_\_\_\_  
 Street City State Zip

Job Title \_\_\_\_\_ Hrs. Per Wk. \_\_\_\_\_

Supervisor \_\_\_\_\_

Name	Telephone #
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Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

List three references other than relatives - Please give name, address and phone.

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Have you been convicted of an offense against the law or are you under charges for any offense against the law?  
(Omit traffic violations and offenses adjudicated in juvenile court or under a youth offender law.)    ☐ Yes                      ☐ No

If selected for consideration, would you **agree** to a CBI background check? ☐ Yes ☐ No

Can you provide proof of citizenship or resident status in the U.S.? ☐ Yes ☐ No

Do you consent to the House of Representatives contacting employers and references listed and their release of information pertaining to your application for employment here? ☐ Yes ☐ No

Please understand that this job may entail some late hours, holiday and weekend work, and that no overtime or compensatory time is paid. Do you agree to to this stipulation? ☐ Yes ☐ No

\_\_\_\_\_  
Signature of Applicant

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Date \_\_\_\_\_